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Being hopeful: Exploring the dynamics of Posttraumatic Growth and Hope in Refugees

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Being hopeful: Exploring the dynamics of Posttraumatic Growth and Hope in Refugees

With more than 60 million people across the world displaced from their homes, the refugee crisis has been in the political limelight and prominent in academic conversations. With a focus on the salutogenic rather than the pathological effects of trauma, this research probed beyond refugees' distressed psychological well-being by exploring contributory factors to refugees' effective resettlement during the post-migration phase. In this small-scale study, participants were purposively selected. The mixed methods approach led to the assessment of refugees' Post-traumatic Growth and a qualitative investigation of their narrative writings on Hope. Adopting a psychological lens, the paper critically considers Charles Snyder's theoretical framework on 'hope' and its tenets, i.e. 'Goals', 'Pathways', 'Agency', 'Barriers' and 'Thoughts & Feelings' by employing it freshly in a new context and extending the framework in the light of refugees' successful adaptation and integration into society. The research findings endorse the value of developing a hopeful disposition as key to refugees' acculturation, empowerment and post-traumatic growth.

Keywords: refugees, posttraumatic growth, hope, positive psychology

Being hopeful: Exploring the dynamics of Posttraumatic Growth and Hope in Refugees

Introduction

This paper makes three distinct contributions to research on refugees. First, Charles Snyder's authoritative psychological perspective on hope and its tenets have been applied afresh in a contemporary and highly important research context, i.e. supporting the post-migration phase of refugees' transition. Second, the research findings inform the theoretical extension of Snyder's theoretical Hope framework by adding sub-categories to help elucidate what the five tenets mean when set in the refugees' context. A third contribution is the insight that the development of a hopeful disposition is potentially a 'protective factor', which is key to successful acculturation, empowerment and posttraumatic growth among refugees – one of the most vulnerable groups in society today.

Jevne and Miller (1999) asserted that hope is essential to the quality of our lives, as essential as breath to physical existence, but more so for refugees whose challenging journey continues after reaching their destination. This makes investigating the notion of 'hope' in the context of refugees' recovery and integration, a fresh, creative and fitting endeavour.

According to the United Nations Refugee Agency, by the end of 2015, one in every 113 people residing on this planet was a refugee (UNHCR 2016: 2) or 'someone who is outside the jurisdiction of his or her own government [who] cannot rely upon that government for protection, and has a justified fear of mistreatment if returned to the country of origin' (Colson 2007: 322). As per the records of the United Nations High Commissioner for Refugees (UNHCR), war and persecution have driven more than 60 million people from their homes – a number that is unprecedented in the organisation's history (UNHCR 2016: 3). With such mass movement comes a great loss, both for the people and the countries affected. In addition to the tragic loss of life and physical destruction, countries affected by conflict tend to suffer deep recessions, rising inflation and a worsening fiscal position. Likewise, there can be a spill-over effect to other nations, especially those that host vast numbers of refugees, e.g. Turkey, Pakistan, the EU nations. It is noted that middle and low-income countries are hosting 86% of the refugees. Of this 86%, 4 million refugees are hosted by the least developed countries, e.g. Ethiopia, Kenya, who are already struggling to meet their own citizens' developmental needs (UNHCR 2016). This seemingly disproportionate distribution

can result in fragile conditions, further leading to the destruction of the social fabric, which ultimately destabilises institutions making it harder to achieve economic reforms.

Yet, there is a strong argument that these figures pale in comparison to the struggles undergone by those who are forced to leave their former lives behind, exposing them to numerous risk factors. According to the official webpage of the World Health Organization, risk factors refer to the ‘attribute, characteristic or exposure of an individual that increases the likelihood of developing a disease or injury’ (World Health Organization 2018). These risk factors even precede the primary war-related event that prompts refugees to flee as they face the violation of fundamental human rights, e.g. imprisonment, torture, material losses, malnutrition and rape. The flight from persecution itself, which can last days or years, comes with exposure to violent, traumatic events. During flight, refugees often have to face separation, witness torture and sometimes even forced to inflict pain upon loved ones, at times leading to the destruction of core attachments (Lindert, Carta, Schäfer and Mollica 2016). One might expect these struggles to subside once the refugees escape from areas of conflict and danger. However, new difficulties are likely to arise in the post-migration period. Resettlement difficulties include loss of important social roles (Colic-Peisker and Walker 2003), social isolation (Miller et al. 2002; Mollica et al. 2001) lowered socioeconomic status (Porter and Haslam 2005), and an impaired quality of daily activities (Miller et al. 2002).

Given the consequences of migration, particularly for refugees, it is crucial to look for ‘protective factors’, which can aid their recovery. Protective factors are those that, in the case of exposure to risk, increase the chance of positive outcomes while decreasing the likelihood of negative consequences (Rae-Grant, Thomas, Offord, and Boyle 1989), or in other words, an empowering contributory tool towards successful adaptation and integration into society. In this respect, Colson (2007) stresses that a multi-disciplinary approach that makes us aware of the fallibility as well as the strengths of the refugees is critical. Without underestimating the trauma, torture and various difficulties common among refugees, this study has utilised a positive psychological perspective that equally recognises trauma as a catalyst for growth, instead of continually mitigating the pathology resulting from trauma appeared promising. In Positive Psychology, this ability to mould trauma into something that wields power to heal has become a widely researched phenomenon – now frequently referred to as ‘Posttraumatic Growth’ (PTG) (Calhoun and Tedeschi 2006). The concept of PTG is built primarily upon conditions of severe crisis rather than low-stress situations, which then result in transformative changes. While the concept of general positive adaptation corresponds to

development of a healthy coping mechanism, PTG is experienced as an outcome which stems from crisis and enables thriving and flourishing (Tedeschi et al. 2015). Rather than denying or suppressing the traumatic past, the PTG model is expected to enable people to find meaning in distress and use it as a strength by developing shifting perceptions, philosophies, and self-evaluation (Gemignani 2011) and subsequently leading to growth and effective resettlement (Copping, Shakespeare-Finch, and Paton 2010). Research into factors reinforcing PTG strongly suggests Hope to be a facilitating factor. Several reasons why Hope is likely to underpin Posttraumatic Growth are raised. For example, people with higher Hope cope better with stressful life events, including experiences of war (Ciarrochi et al. 2007; Horton & Wallander, 2001; Valle et al., 2006).

In exploring these issues, the paper proceeds as follows: a) a psychological framing of the concept of hope; b) a methodological elaboration of the study's mixed-methods approach; c) an analysis of the research findings using but importantly also extending Snyder's hope framework; and d) discussion of the findings and their practical implications for the refugees and organisations whose remit is to support these vulnerable groups.

Theoretical Framework

The literature has identified 'hope' as 'a promising factor that helps initiate and sustain action toward long-term goals (Snyder, Rand, and Sigmon 2002) – a potential 'protective factor' contributing to posttraumatic growth.

Charles Snyder's Hope theory, which rests on four interlinked tenets, asserts that Hope is a positive motivational state, beginning with a *goal* – the first tenet (Snyder 2002). A goal is anything that a person wishes to create, acquire, experience or become, with each goal conforming to the changing levels of Hope (Snyder 2000). Accordingly, all human actions are goal directed where goals are regarded as Hope theory's cognitive component. Goals can be significant, a long-term quest (e.g. fighting climate change), or a short-term goal (e.g. learning to drive); and may depend on the perceived probability of realisation. It is suggested that the conceptualisation of any goal is only possible through formulating strategies, i.e. *pathways* (Snyder 1994, 2000, 2002; Snyder et al. 1991) – the second tenet in Snyder's framework. 'Pathway thinking' refers to people pursuing goals while constantly thinking about plausible routes. This suggests that high-hope individuals are more likely to have more certainty and confidence about their routes compared to individuals with low hope who find pathway thinking a more difficult task. In turn, this gives those with high hope greater

flexibility and success in tailoring goal-attainment routes. The third tenet in the Hope framework, i.e. ‘*agency*’ is the ability to sustain motivation through the use of mental energy for initiating and continually creating a plausible route towards the desired goal (Snyder et al. 1997). Agency thinking is deemed particularly crucial and manifests itself strongly when people face goal impediments. This leads to the fourth tenet – ‘*barriers*’, or the individual’s ability to recognise and manoeuvre in the face of obstacles (Snyder 2002). Such ability to recognise ‘barriers’ (after exercising agency) guides a person to consider alternative pathways to goal pursuits – something often experienced by high-hope individuals. Finally, it is noteworthy that Hope theory is also posited to illuminate the causative value of *affect* or ‘thoughts and feelings’, with perceptions about the success (or lack of it) concerning goal pursuits manifesting themselves in people’s feelings or emotions. Snyder (2002) further explains the effects of different levels of hope on people’s emotions. Whereas high-hope individuals tend to have a positive orientation leading to enjoyment, people with low hope often have a negative orientation, which can result in affective exhaustion. In this framework, thoughts and feelings are considered ‘by-products’ of goal-directed behaviours, which in turn, reinforce both pathways and agency thinking (Snyder 2000: 11).

Taken together, differences in individuals’ levels of hope could inform the extent to which they formulate, utilise and manage ‘goals’, ‘pathways’, ‘agency’, ‘barriers’ and ‘thoughts and feelings’. This may result in the preference of high-hope individuals for more challenging goals (or ‘stretch goals’) compared to previously attained goals (Gilman, Furlong and Huebner 2009: 38). It is further suggested that individuals’ high levels of hope complement positive agency thoughts via self-talk, e.g. ‘I can do this’, ‘I will not give up’ (Snyder et al. 1998), which create a psychological cushion when confronted with challenging situations (Snyder 1994).

When Kirkwood, McKinlay and McVittie (2014) explored the integration strategies of asylum seekers and refugees residing in Glasgow, Scotland, three main organisations comprising the Scottish Refugee Council, Glasgow Council for the Voluntary Sector and local Social Inclusion Partnerships worked together in supporting community development. Through these networks, various social and individual interventions were developed, e.g. church drop-ins, language support, community dance. Despite considerable effort, this study highlighted asylum seekers’ and refugees’ seeming failure to integrate into the Scottish community and culture. This was observed through the locals’ observations on refugees who despite ‘hav[ing] been here for a while now’ are ‘sticking’ with their own ‘wee groups’ (9-

10). This has been raised as a concern, particularly by organisations delivering individual and social interventions specifically designed to foster integration and growth, stressing that ‘responsibility for integration ultimately falls on refugees themselves’ (Kirkwood, McKinlay and McVittie 2014: 12).

The lack of research specific to refugees’ resettlement in the post-migration phase is both a risk and an opportunity. After weighing its pros and cons, undertaking research inspired by the Hope framework is deemed needed to empower refugees and help facilitate transition, adaptation and engagement in life irrespective of previously experienced hardships and uncertainty (Van Manen 1994; Yohani 2008). Such studies crystallise the dynamicity of Hope, particularly in designing interventions aimed at nurturing refugees’ well-being. In the same vein and with a focus on PTG as a desired outcome, we employed a deductive approach to investigate the distinctive role that the concept of ‘hope’ can serve in facilitating the PTG of refugees based in a Scottish city. Our research is principally informed by the question: What role does *hope* play (if any) in the posttraumatic growth of the refugees?

Methodology

This study employed a sequential explanatory mixed methods (Ivankova et al. 2006) i.e. the Posttraumatic Growth Inventory is used initially to help gauge high and low PTG indices among participants (See Appendix A & B). This then informed the follow-up qualitative phase where participants’ conceptualisation and level of hope are investigated via their narrative writing. This technique was adopted for its naturalistic approach in making sense of participants’ experiences (Sandelowski 1991) affording deeper and less direct engagement on sensitive issues (Gehart and Mccollum 2007). A narrative writing guide informed by Charles Snyder’s Hope Theory (see Chapter 1, Snyder 2000), specifically centred on Hope’s five tenets, i.e. *Goals, Pathways, Agency, Barriers* and *Thought and feelings*, was produced for the narrative research task (Lopez et al. 2000; Snyder 2000). (See Appendix C.)

Participants

With Glasgow welcoming a number of refugees coming to the UK, purposeful sampling was employed by strategically inviting refugees via Uniting Nations in Scotland (UNIS) – an NGO working with the Scottish Refugee Council. Having a representation of refugees from affected regions, UNIS’ programmes create a discussion forum and host informal events for promoting refugees’ participation, active citizenship and integration into Scottish culture.

Participants were refugees within the age range 18-60, who had not been in the UK for longer than a year. The age criterion was crucial as it indicated different dimensions of adulthood. Given both topic sensitivity and participants' vulnerability, individuals who had exhibited or were diagnosed with serious mental health issues (acknowledging that some of them might be latent) were excluded as per the advice from UNIS staff who were accustomed to the participants and the implications of mental health issues. Sixteen refugees (six females, ten males) initially took part in completing the PTGI who self-identified as Syrians (nine), Palestinians (two), Sudanese (three) and Kurdish (two).

Procedures

With the various risks entailed, this research had to satisfy highly rigorous ethics procedures from the University of [name]. The nature of the study indicated potential emotional disturbance to the participants, which could result in traumatic recall. It was therefore necessary for the researchers to take sufficient measures to ensure participants' well-being and privacy (see Appendix D).

Fieldwork took place every Monday in Spring to early Summer 2017. Given the first author's voluntary work with UNIS, the participants' familiarity with the first researcher put them at ease. Her previous experience of working with this vulnerable population as well as knowledge of culture and language overlapping with the participants' proved helpful. A pilot study with two participants to ascertain the clarity of the entire data collection process led to the modification of the narrative writing guide, i.e. with each question being followed up by prompts seeking clarification while gaining a deeper understanding. Participants' preference to respond to the writing task electronically was accommodated; Survey Monkey software was utilised in creating the writing guide giving participants an option to complete the task either by hand or on an iPad/laptop.

This study is twofold, i.e. the Post Traumatic Growth Inventory (PTGI) completion is complemented by the narrative writing task. Firstly, the researcher approached three participants per session with each participant being given a choice to complete the study in the community hall or in a separate room. The Participant Information Sheet was offered in Arabic and willing participants were asked to sign the consent form prior to research participation. Although all sixteen participants completed both the PTGI (Arabic version) and narrative writing phases, only the responses from participants with the highest PTGI (n=5)

and the lowest PTGI (n=5) scores were investigated to generate an appreciation of participants' conceptualisation and level of hope via their narrative writing (see Table 1).

Instruments

Posttraumatic Growth was assessed using the Posttraumatic Growth Inventory (Arabic version: Appendix B). (For more information re: the original English version, please see Tedeschi and Calhoun (1996). PTGI requires a response on a 6-point Likert scale ranging from 0 (not at all) to 5 (very significant degree). Scores on the PTGI range from 1 to 126, with higher scores indicating higher perceived growth. For the Arabic version, Dr. Ibrahim Kara translated and back translated from PTGI's original version for his research (Taku, Cann, Calhoun, & Tedeschi, 2008; Tedeschi & Calhoun, 1996).

In constructing the four essential questions for the narrative writing guide, Hope Theory was employed as a framework (Snyder, 2000), primarily taking into account the four broad themes namely: Agency, Pathway, Goals, and Barriers. Two questions exploring demographic and affective (thoughts and feelings) details were added.

Data Analysis

Post-data collection, data were organised on the basis of participants' PTGI scores. This extra layer of purposive participant selection allowed further and in-depth data comparison among 'information-rich cases'. Information-rich cases refer to 'those from which one can learn a great deal about issues of central importance to the purpose of the research, thus the term purposive sampling' (Patton 1990:169). Therefore, five datasets from participants who had high PTGI scores (79 to 108) and another five datasets from those who obtained scores at the lower end of the PTGI (40 to 55) were selected for analysis. A deductive thematic analysis was employed using Braun and Clarke's (2006) prescribed thematic analysis steps while taking into account the five major themes or tenets of *Hope* (Snyder 2000). Familiarisation with the data was achieved through immersion in the ten selected data narratives, where immersion means 'repeated reading of the data, and reading the data in an active way – searching for meanings, patterns and so on' Braun and Clarke (2006: 16). After generating an initial list of themes, the next step involved a formal coding process to capture both semantic and conceptual meaning, by reading data under each theme while making labels on the right side of printed narratives. This step subsequently led to subtheme identification and code collation contributing to an emergent hierarchy of connected themes and subthemes. Further

reflection and synthesis of all themes helped ensure alignment with overall theme structure leading to clearly defined final subthemes that extended Snyder's conceptualisation of 'hope'.

Research Findings

The Post Traumatic Growth Inventory – considered as the desired outcome for this research – helped gauge PTGI levels leading to identification of five high PTGI and five low PTGI participants for further in-depth probing and comparison concerning Snyder's five tenets of *Hope*. These tenets, i.e. 'Goals', 'Pathways', 'Agency', 'Barriers' and 'Thoughts and Feelings' served as the major themes, with eight subthemes being identified following in-depth analysis of participants' narratives. Each tenet will now be comprehensively discussed.

With hope's strong association with mental and physical well-being, healthy adaptation and success in life (Duckworth, Peterson, Matthews and Kelly 2007) and being deemed a promising factor to sustain long-term goals, this section examines the role that hope's tenets serve in the novel context of refugee resettlement and societal integration. The intention was to explore the potential for 'hope' to serve as a protective factor, contributing to refugees' PTG. In presenting the themes, quotations have been attributed to participants by ascribing a pseudonym, followed by two letters corresponding to their group, i.e. (H=High PTGI, L=Low PTGI) and gender (M=Male, F=Female).

[To insert Table 1 about here.]

In the discussion that follows, Snyder's 'hope' tenets informed the data analysis. Likewise, the findings from the research reciprocally enriched Snyder's Hope framework. Being applied afresh in a new context led to the generation of sub-categories for the framework's five tenets. These new sub-categories offered invaluable new insights contributing to the extension and greater appreciation of Snyder's Hope framework when considered in the context of refugees.

Goal setting

Goals are a fundamental tenet of the 'hope' theory comprising abstract mental targets that guide human behaviour and form the anchor to the theory itself since 'hope' tends to thrive in the case of goal attainment (Snyder 2000). This theme captures participants' asserting their voice on what they would like to achieve in life when asked to identify 'just one goal'.

Short-term versus long-term goals The first subtheme is concerned with participants' temporal goal-framing, i.e. being either short-term or long-term, from which variation between high and low PTGI participants is apparent. Those who obtained low PTGI scores tended to discuss goals of a shorter nature. Salah-LM, for example, stated:

'I was an activist in Sudan and was speaking against the Government, questioning their politics which was leading to [division] in Sudan. ... Once when we were protesting in the street, they opened fire on us. They then captured us and took us to prisons where they tortured us in horrifying ways I cannot tell. My only goal was to escape to save my family because they were in danger because of me.'

This excerpt depicts survival as the primary goal – a pattern, which somewhat echoes the writing of another low PTGI-scoring participant. Razaq-LM, who escaped Lebanon, recounted: *'I had problems with the government and they sent the army to torture me. I went to Turkey by plane from there I walked through Greece and France and then after sitting for 14 hours in minus twelve temperature, I came in a freezer trolley to the UK' and 'Here I am safe now.'* Goal distinction seems to become clearer when these accounts from low PTGI participants are compared with their high PTGI counterparts. Goals associated with high PTGI, likely to be characterised by their longer-term nature, signify a vision that extends beyond survival. Kalam-HM writes:

'I was born in Damascus, Syria. My area was affected because of bombs a lot, so all people left the camp ... This country can change your life with opportunities ... I have a lot of goals. I am studying programming. I want to continue to college and university and then work ... maybe after five years ... but I will do it.'

Despite having to go through similar struggles to survive, Kalam expressed determination in setting multiple long-term goals, e.g. studying, working. Similarly, Mirza-HM demonstrates a similar sentiment with respect to changing his major from Financial Accounting to Computer Sciences after finding 'a computer in every place.' Given his 'burning desire to achieve this goal and all [his] goals despite some difficulties', he chose working and studying simultaneously to become self-reliant, although this is not common practice in his culture. This subtheme is bolstered by Dunkerley and colleagues' (2006) study about some refugees holding on to their specific long-term career paths in the midst of other

refugees being so overwhelmed by numerous issues that ‘they could not dream of the future as they were too worried’.

Learning English is another recurring idea when setting goals – a priority for both high and low PTGI participants. However, while three of the five low scoring participants mentioned learning English as their goal, only one high scorer did so. Although acquiring a new language is typically thought to be a long-term goal, our study participants viewed learning English as merely another short-term goal, perhaps because they recognise its crucial value – a major component in transitioning successfully to the new environment.

The ability to formulate comprehensive goals reflects higher cognitive functioning among the high PTGI participants (Dunkerley et al. 2006) – also supported by the Hope theory, which views that a constructive motivational state is contingent upon successful interaction of components. This suggests that hope surpasses being merely a positive emotion to being something dynamic and is a prevalent cognitive process. Since goal-setting is deemed a fundamental element within the cognitive process, high PTGI scorers formulating long term goals is an idea that is aligned with high-hope individuals. This is empirically supported by the finding that high-hope people are found to come up with strategies that are likely to lead to successful goal attainment. By contrast, low-hope people are not likely to exhibit such pliability and instead experience a greater level of self-doubt, which in turn, curbs future action, rendering them unable to formulate long-term goals (Michael 2000; Snyder 1999; Snyder 2002). Taken together, high-hope participants, are more likely to push themselves to ‘take the next step’ (Gilman, Furlong and Huebner 2009: 36).

Goal Orientation This subtheme denotes the extent to which an individual’s goal includes other people, typically, member(s) of one’s family, by securing a better and safe future for the family. These participants thought beyond themselves in the midst of fear invoked by the cruelty and destruction that they had witnessed and a lack of confidence in the nation’s future. Again, a clear distinction was evident between accounts from high and low PTGI scorers in terms of ‘goal orientation’.

Of the five participants with high PTGI, four included their loved ones in setting goals. Their primary aim seemed to be guided by an intention to ‘seek protection and [a] good future for children’ [Gina-HF] and ‘raise [my] daughter well and help her study’ [Aiza-HF], while David-HM longed for his children to be ‘successful and marry and [become] renowned people here.’ Mirza-HM spoke about having several goals, including bringing his

Sudanese wife to the UK, as his first goal. When a similar analysis was carried out with low PTGI participants, it appears that their goals were generally only constrained to themselves. There was one exception who expressed delight over his ‘children [who] can now have better learning and bright futures’ [Ali-LM] while another spoke about wanting ‘to escape in order to save [his] family [who] were in danger because of [him].’ [Salah-LM].

Using the lens of Hope theory, some parallels can be drawn between PTGI and Hope with respect to goal orientation. Our findings suggest that the goals set by high PTGI individuals tend to go beyond themselves. This is consistent with the characteristics of high-hope individuals who are also found to establish constructive relationships while engaging in collective goal realisation – including others and frequently pursuing ‘common goals’ with other people (Snyder, Cheavens and Sympson, 1997: 114). According to Snyder, Cheavens and Sympson (1997: 115) ‘high hoppers serve to make the group not only more productive but also, perhaps equally important, an interpersonally enjoyable arena’ that is positively linked to social competence (Barnum, Snyder, Rapoff, Mani, and Thompson 1998) and collective goal pursuits (Snyder et. al. 1997).

This assertion is further supported by Bernardo (2010) who proposed adding the locus of ‘hope’ to Snyder’s theory. Coming from a cross-cultural perspective, Bernardo contends that the notion of Hope proposed by Snyder (2000, 2002) did not capture its interpersonal dimension, which is argued to be significant particularly in collectivist cultures. Bernardo (2010) posits that Snyder’s conceptualisation of Hope is dominated by an individualistic perspective, whereby the self is regarded as central to goal accomplishment. This does not necessarily apply to collectivist cultures, where interpersonal dimensions are prioritised. It is then proposed that Hope be construed in such a way that it is anchored within the person (internal locus of hope) and also anchored on significant others, e.g. family, friends, and a supernatural being or beings (external locus of hope) (Bernardo 2010). This is regarded as crucial since the majority of the refugee participants in this study come from collectivist backgrounds, and so a greater external locus of ‘hope’ could be highly instrumental in assisting their adjustment and PTG. Low PTGI participants’ lack of inclusion of others might be associated with having low hope, which implies that when hopeful thinking is thwarted, it can result in interpersonal struggles that cause increased frustration and hostility to others (Collins and Bell 1997; Snyder 1994).

Pathways

The perceived ability to comprehend and anticipate plausible ways is regarded an important component of Hope theory (Grewal and Porter 2007). Since hope inspires action, the desire to bring about a change can inspire people to think of plausible ways of realising that change. This theme explores participants' potential routes for achieving their desired goals while taking into account differences between refugees with low and high PTGI scores.

Pathways refer to thoughts that dictate plans or strategies to achieve one's goals (Snyder 2000). The higher one's hope level, the greater confidence one possesses in discovering efficient routes. Kashdan and Rottenberg (2010) assert that the notion of psychological flexibility is explicitly linked to pathway thinking. Psychological flexibility is a trait found in people with high levels of hope enabling them to maximise the effectiveness of pursuing a goal by adjusting strategies when the need arises (Snyder 2002). Two dimensions of pathway thinking emerged from our data: 'formulation', or the ability to come up with different potential routes and 'enhancement', or the capacity to expand upon the pathways to include alternatives.

Formulating Pathways Whether it was about working towards acquiring a new language or career, many high and low PTGI participants managed to think of ways to achieve their goals. At times, the depressing effects of trauma left some participants with a desire for change, but with limited means to do so. Two of the low PTGI participants failed to integrate let alone conceive such routes to their goals. Salah-LM said: 'I did not have any expectations from the UK. People like me do not have expectations. I am the air in between.'

It is possible that the participant did not have any real expectations from anyone else, but a more plausible explanation is that, given the circumstances, Salah had lost confidence in his ability to cope with the situation, possibly exacerbated by inadequate understanding of the new setting leading to an inability to formulate paths towards new expectations or pathways. Likewise, Razaq-LM struggled to formulate pathways, consistently experiencing panic attacks whenever he attended legal proceedings for his asylum application. Perhaps, this could be explained by insufficient understanding of the legal framework in the new country combined with fear of deportation – a seeming exemplar of how low 'hope' could be further weakened by uncertainty and lack of understanding. Our findings suggest that those who were unable to formulate any plans are likely to be those who are deficient in 'hope', as

supported by Hope theory, and low-hope individuals tend to struggle with pathway thinking, leading to routes that are not well articulated (Snyder 2002).

Enhancing Pathways This refers to expanding one's options through actively seeking various opportunities and/or presenting oneself with alternative routes towards meeting one's goals, as in Kalam's case.

'I try to do many things for integrating. I like Scottish people. I do my best to make friends in College. I am friends with my teachers. I go to College in the morning.... I also get my knowledge online through YouTube and honestly, it is better than College. Moreover, it is free. So even if I cannot go to university, then I can study online.'

[Kalam-HM]

Building on previous subthemes, high PTGI participants exemplified further pathway developments. Their developed pathways include elaborate details of the routes towards achieving specific goals. This example is of a high PTGI participant, undeterred by the complexities, who managed to navigate his way by employing various methods to fulfill his goal of integrating and acquiring knowledge; this is a pattern observed in the majority of high PTGI participants who tried multiple ways of achieving their goals. Of the five low PTGI participants, Raiha-LF and Immad-LM were the only ones who identified alternative ways forward (e.g. voluntary work) in the case of failed study plans. Affirming the Hope theory, individuals with a high-hope index described themselves as flexible thinkers, which could possibly explain their disposition and skill at producing other plausible routes compared to those with a low-hope index who tend to struggle in producing substitute routes (Snyder et al. 1991; Snyder et al. 1996).

Agency

Agency refers to cognition that conveys one's willpower, enthusiasm, and capacity to achieve one's goals (Snyder 2000). It is proposed that the 'agency' component of Hope theory ties in with posttraumatic growth as it involves an inner battle, which requires the individual to disengage from former plans and instead develop new worldviews to help facilitate personal growth (Kroo and Nagy 2011). Agency thinking is necessary for all goal-directed thoughts, but it takes on particular significance when people encounter impediments. Hope theory purports that when faced with impediments, high-hope individuals employ agency thinking to

channel the necessary motivation to pursue the next best alternative. These dimensions of motivation and capacity among refugees have been explored in this section.

Willful thinking This subtheme discusses individuals' perception of their own journeys towards a goal while conveying motivation and positivity when discussing the future. Individuals who are deficient in willful thinking often find it difficult to be motivated and be positive about goals affecting their ability to move forward (Snyder 2002). Accordingly, a distinct pattern seems to emerge between high and low PTGI participants. While the majority of the participants were concerned about the deteriorating conditions in their home countries, low PTGI participants were seemingly preoccupied with such thoughts that often act as personal obstacles. Despite these issues gradually becoming distant issues, these individuals struggled to see beyond these obstacles and move on. Salah's account paints a vivid picture from a low PTGI perspective:

'When the police were firing at us, a bullet hit the boy next to me, and he died. I was in my thirties when this happened, and he was young. I wish I had died instead of him because he deserved to live more than I did.' [Salah-LM]

Such a statement from a low PTGI participant defies willful thinking and depicts a lack of enthusiasm to live. Upon further analysis of this 'agency' theme, a pattern seems to emerge – that while two participants with low PTGI scores discussed the possibility of going back to their home countries, none of the high PTGI participants did so. According to Raiha-LF: 'If the situation in Syria changes which I am not positive it will, I will definitely go back because I am so connected to my family and country that I want to go back.' Raiha conveyed an inclination to go back rather than rebuild her life in Scotland should the situation back home improve – characterising a severe lack of motivation leading to very low agency thinking. Since agency serves as a fundamental component of Hope (Snyder 2000), the inability to stay motivated and/or remain determined tends to be a reflection of low Hope. This is in contrast with the majority of participants with high PTGI scores who spoke about starting their lives afresh in Scotland, existing opportunities, and how to avail themselves of these opportunities.

'I feel that this country gives much more right to live ... I hope the war stops in Syria though. ... I hope it really stops and not just say stop and people still die. But I do not

think I will go back. Arab countries will never give Palestinians rights ... But here in Glasgow people [are] very friendly....’ [Kalam-HM]

Although Kalam-HM came from Syria, he is Palestinian in origin and appears to be discontented with his treatment in Arab countries. Although both Raiha-LF and Kalam-HM stress the lack of positivity enveloping Syria’s situation, the difference, however, lies with Raiha-LF’s inclination to return to Syria while Kalam-HM is determined to stay in [city] possibly supported by Kalam’s strong internal locus of hope coming from confidence in his abilities. According to Du and King (2013), whereas an internal locus of control is reflective of agency thinking, having a strong one suggests Hope being anchored in oneself. Regarding growth, an internal locus of hope can be associated with psychological adjustment, subsequently leading to higher life satisfaction and self-esteem (Du and King 2013).

Barriers

Barriers as essential tenets of Hope theory, are concerned with individuals’ ability to perceive hindrances and come up with alternative routes to the goal. Snyder (1994) suggested that the ability to think of multiple pathways characterises individuals with high Hope. This section elucidates the role of barriers in understanding the Hope framework.

Impediment recognition With reference to participants’ awareness of impending barriers to future goals, these barriers are considered an inherent part of life and the more readily individuals anticipate these barriers the more they can facilitate a means of navigating around these barriers towards achieving goals. Our study findings indicated that the majority of high and low PTG participants were able to recognise some impediments. Two low PTGI participants identified learning English as a possible barrier while one mentioned having a back injury being an impediment to finding work. Two low PTGI participants, however, could not identify barriers: ‘My mind is not in my body, and I have no plans for future because I do not know what is going to happen.’ [Salah-LM]. By contrast, three out of five high PTGI participants identified new language acquisition and the uncertainties surrounding the immigration process as potential barriers, while two claimed that they ‘didn’t find many obstacles’ [Mirza-HM] and instead felt ‘very positive’ [Gina-HF].

Hope theory proposes that high-hope individuals tend to anticipate barriers, which helps them develop alternative routes whereas low-hope individuals find it challenging to anticipate or even freeze in the face of impediments (Boniwell 2012) – implying that failure

to recognise obstacles could be a reflection of low hope. Nevertheless, caution is necessary since the participants who were not able to anticipate obstacles probably did so out of despair while confidence assisted the two high PTGI participants in the process. In a study conducted with high-hope students, for example, those who reported focusing on success rather than failure while pursuing goals spoke less about barriers and those who felt positive about not anticipating impediments were equally likely to be hopeful individuals (Snyder et al. 1991).

Thoughts and Feelings

Interestingly, Hope theory places a more causative emphasis on thoughts rather than feelings (Snyder 2002), i.e. emotions follow from how successful individuals perceive their goal pursuits. Typically, positive emotions follow perceived success while negative emotions are by-products of perceived failures. This affective state reinforces other components of the framework, e.g. ‘agency thinking’ and in so doing, places thoughts and feelings at the centre of the Hope theory (Snyder 2000: 11). Whereas high PTGI participants tended to indulge in positive thoughts leading to rehabilitation, low PTGI participants were preoccupied with pessimistic thoughts. Likewise, ‘affective appraisal’ uncovered a similar disparity, i.e. low PTGI participants found portraying any semblance of positivity a challenge and instead repeatedly discussed feelings of dejection and despair.

Underlying Thoughts A low PTGI participant’s thought patterns can be observed in the account below: ‘I do not know how to deal with people. Like what makes them sad or happy or how to make a joke, to make them laugh. I was considered very funny in Syria, but now I struggle’ [Immad-LM]. This example reflects a thought process based on self-deprecating and dismal thoughts. Immad’s confessed dearth of appreciation of the new societal culture is likely to affect his understanding of his own identity transition. By contrast, a participant with a high PTGI score wrote:

‘My culture is very different and easy, and I can talk to anyone. Scottish people do not want to get involved with strangers Here in my College; students are isolated and want to be alone. They want to tell you it’s not your business. I miss that part, but I go to Community Centre where I meet people similar to my culture so I can find a friend.’ [Kalam-HM]

A strong distinction between the two cohorts can be observed here. Kalam-HM may have similar thoughts about cultural differences but rather than viewing it as a personal failure, he instead engages in useful activities. Such difference between high and low PTGI

scorers was also evident as they discussed their thoughts about their home country. A low PTGI participant expressed his fears and uncertainty:

'I do not know what's happening there. I am not aware of where my next step [will be]. They are still looking for me in Sudan... If I get the permit, then I will try to bring my family here, but I do not know I cannot think about it right now. If I do not get it, then I will have to go back, and I am not sure how long I will live if that happens.' [Salah-LM]

Thoughts occupying low PTGI participants' minds seemed to involve going back home and living in a constant state of fear, which often curtails the pursuit of their goals. Raiha-LF expressed a desire to learn English, yet she was not feeling *'relaxed to learn because [of] what's happening in Syria.'* By contrast, despite high PTGI participants' recognition of the gravity of the situation, they nevertheless show resilience and control over their ability to think: 'I want to visit Syria, but I do not want to live there. I do not think the situation will ever improve in Syria, so I do not think about that' [Gina-HF]. This implies that when it comes to thoughts, higher levels of Hope could have much stronger power over positive temperaments, which help build further positive sentiments, leading to dimensions of growth. Even in a stressful context, high-hope individuals have the propensity to focus on positive aspects, thus rendering the obstacle less stressful. Lazarus (2000) refers to this ability to regulate one's thoughts using emotions as 'coping'.

Affective appraisal This subtheme reflects upon participants' feelings and a contrast can again be observed between the accounts of low and high PTGI participants. Of the five low PTGI participants, none had a positive orientation towards the future. Ali's comments, for example, showed how his underlying sentiments contained very little hope for the future as he found it hard to move past his experiences. 'There are a lot of layers of that trauma. I feel like the past is chasing me and I cannot pass that. Whenever I start something, it will fall apart' [Ali-LM]. Even low PTGI scorers who managed to overcome their traumas still find themselves struggling to find a new identity. Immad-LM says: 'If I compare myself to someone born here I feel very down'. This contrasts with the 'confident' and by-and-large positive disposition of high PTGI participants:

'I am confident. Not 100% but around 70% positive. This is because you do not know what is hiding in future. There is a well-known saying in Syria that not everything that you want will happen. So sometimes you plan something, and something else will happen, and we should be ready for that. But I am hopeful and happy here.' [David-HM]

Such feelings of confidence seemed prevalent in the high PTGI cohort as they discussed ‘*hav[ing] sufficient confidence*’ [Mirza-HM] either in overcoming obstacles or achieving two simultaneous goals. This confidence then cascades into other positive feelings, e.g. contentment. Having this positive orientation leads to PTG, which typically holds true for high PTGI participants. Kalam-HM, for example, acknowledges: ‘I feel that I have settled here. I feel freedom. They respect humans. I can [go] anywhere, and nobody will stop me.’

Individuals with higher levels of ‘hope’ are likely to employ and validate positive emotions more than negative emotions (Snyder et al. 1996). This may explain high-hope individuals experiencing and demonstrating higher sociability, contentment, and confidence (Snyder, Cheavens, and Michael 1999; Snyder et al. 1991; Snyder et al. 2000). Existing theoretical and empirical work strongly supports the view that positive affect leads to better self-evaluation and greater social activity (Waugh and Fredrickson 2006) as well as healthier relationships (Algoe, Haidt, and Gable 2008). On the contrary, a low-hope person tends to tap into a reservoir of deleterious and passive feelings about task pursuit endeavours, which often results in further spiralling into negativity, exacerbating the situation. Whereas positive affective states can reinforce goal-setting, an emotionally low state can easily lead to deficiency in goal-setting (Little Brian 2008; McKnight and Kashdan 2009).

Discussion and Conclusion

As Jevne and Miller (1999) stressed, hope is a vital component in everybody’s life, and is crucial for refugees who are confronted with such challenging life circumstances, at times continuing even after survival as they face an inevitable responsibility to adapt and rebuild their lives. In this regard, continuous capacity to hope channels a therapeutic quality that can facilitate refugees overcoming challenges by making peace with the present while finding meaning in the future as they move forward and resettle (Scioli et al. 2015). Strongly supported across disciplines, e.g. theology, philosophy, medicine, and psychology, an in-depth investigation of the role of hope is considered relevant during hardship and achievement (Miyazaki 2004), but arguably more so, in the context of refugees. Not discounting that support to guide refugees’ transition from traumatic journeys and precarious circumstances towards resettlement in new contexts takes considerable effort from different sources particularly due to how trauma and torture made an impact on their mental health and well-being, it is equally critical to stress that a psychological component to help achieve this

does not merely come from external sources. Instead, refugees themselves need to cultivate a quality to assist posttraumatic growth – a hopeful disposition.

In breaking new ground through a qualitative investigation exploring the psychological notion of Hope within a refugee population, this research led to a deeper and more insightful understanding of the refugee experience, specifically during the post-migration phase. As visually represented in Figure 1, the emergent sub-themes from our research provide a basis not only for extending Snyder's Hope framework, but in promoting a practice-orientated means that has substantial implications for the lives of these refugees.

[To insert Figure 1 about here.]

This research attempted to address the gaps in existing literature on Hope theory. Whereas existing literature maintains that affective states are associated with hope, greater appreciation is needed to ascertain whether hope serves as a precursor or a consequence of affective states. According to Snyder (2000: 11) traditional theorists proposed that successful goal pursuits by high-hope individuals lead to positive thoughts and affect, giving thoughts and feelings a 'causative eminence' in hope. Other theorists argued, however, that having positive thoughts and feeling good leads to increased goal striving and hope (Ashby and Isen, 1999). Yet, mere conjectures cannot be made about associations since linkage and correlation do not imply causation. Through an in-depth exploration of hope and its tenets, which led to the emergence of various sub-themes, our research suggests that the relationship between the different tenets of hope and affective states is not restricted to a single model. Instead, a more dynamic relationship tends to exist between the various different elements of Hope theory such that participants who demonstrated higher goal seeking abilities in the first theme also experienced having a positive disposition while those with dominant negative thoughts struggled to gather motivation (agency) to move on.

This study has important implications for refugees' psychological well-being. Overall, the findings strongly support that hope could be a protective factor and contributes towards refugees' PTG. This makes it imperative that mental health professionals devote efforts early to hope restoration among traumatised refugees to assist with the recovery process along with other techniques, e.g. solution-focused or cognitive-behavioral interventions. These therapeutic interventions could help the refugees conceptualise clearer goals, producing well-formulated and enhanced pathways, summoning positive mental energy from within, recognising barriers and developing an overall positive affective state.

Although this research helped explore new ways and provided insight into the phenomenon of PTG concerning Hope, it was also limited in certain ways. Furthermore, the underlying construct of PTG is prone to development as a natural consequence of their resettlement (e.g. moving out of the centre, finding a job), investigations need to be carried out at specific intervals of time to monitor these developments. A longitudinal perspective is also likely to offer invaluable insight into the nature and trends surrounding PTG development, providing further insight into whether Hope continues to be a protective factor. While this study employed a salutogenic perspective, the underlying traumatisation and its latent manifestations cannot be dismissed given the complexities faced by the participants. Future studies could also investigate posttraumatic growth and manifestations of trauma. It should also be kept in mind that the sample in this study consisted of those who were in pursuit of societal integration by coming to UNIS. Possibly, there are also groups with very low levels of 'hope' who are off the radar. An overrepresentation of males in the sample makes it difficult to draw conclusions regarding gender differences, and so a future study with an evenly distributed sample would be better. Above and beyond these limitations, these findings point to potential avenues for crucial growth and development among refugees. This concurs with Steimel's (2010) argument, in her paper 'Refugees as People: The Portrayal of Refugees in American Human Interest Stories'; focusing on growth rather than trauma is crucial in shifting the portrayal of victimised refugees and instead encourage policies tailored towards giving refugees higher autonomy. Our paper's exploration towards understanding *whether* and *how* Hope informs the generation of emotional states, offers invaluable insight for facilitating the PTG of refugees. Through this research, we advocate that Hope can be a means not only for overcoming horrific ordeals and managing the challenges refugees face during the flight process, but equally, in possibly strengthening future recovery. Our findings strongly endorse that PTG is associated with Hope and that fostering Hope can lead to higher levels of refugees' personal growth. The extended Hope framework provided a means of conceptualising and integrating Hope within the context of refugees' recovery by highlighting the importance of understanding different but intertwined components of the theory and their implications for refugees' PTG and their new life in a new country. (8,020 excluding abstract)

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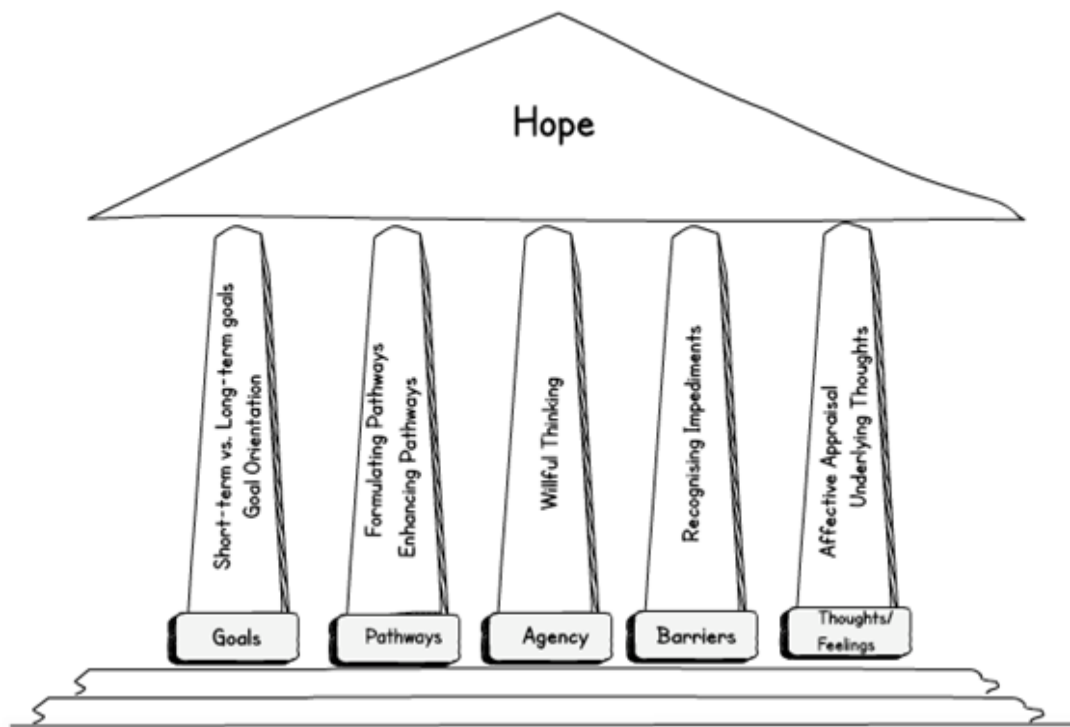
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Table 1: Participant Profile

	Pseudonym	PTGI Score	Gender	Ethnicity	Age
1	Raiha-LF	40	Female	Syrian	48
2	Immad-LM	42	Male	Syrian	22
3	Razaq-LM	49	Male	Palestinian	37
4	Ali-LM	54	Male	Syrian	32
5	Salah-LM	55	Male	Sudanese	40
6	Kalam-HM	79	Male	Palestinian	25
7	Mirza-HM	79	Male	Sudanese	25
8	Gina-HF	82	Female	Syrian	57
9	Aiza-HF	88	Female	Syrian	40
10	David-HM	108	Male	Syrian	65



Appendix A: PTGI English Version

Client Name: _____ Today's Date: _____

Indicate for each of the statements below the degree to which this change occurred in your life as a result of the crisis/disaster, using the following scale.

0 = I did not experience this change as a result of my crisis.

1 = I experienced this change to a very small degree as a result of my crisis.

2 = I experienced this change to a small degree as a result of my crisis.

3 = I experienced this change to a moderate degree as a result of my crisis.

4 = I experienced this change to a great degree as a result of my crisis.

5 = I experienced this change to a very great degree as a result of my crisis.

Possible Areas of Growth and Change	0	1	2	3	4	5
1. I changed my priorities about what is important in life.						
2. I have a greater appreciation for the value of my own life.						
3. I developed new interests.						
4. I have a greater feeling of self-reliance.						
5. I have a better understanding of spiritual matters.						
6. I more clearly see that I can count on people in times of trouble.						
7. I established a new path for my life.						
8. I have a greater sense of closeness with others.						
9. I am more willing to express my emotions.						
10. I know better that I can handle difficulties.						
11. I am able to do better things with my life.						
12. I am better able to accept the way things work out.						
13. I can better appreciate each day.						
14. New opportunities are available which wouldn't have been otherwise.						
15. I have more compassion for others.						
16. I put more effort into my relationships.						
17. I am more likely to try to change things which need changing.						
18. I have a stronger religious faith.						
19. I discovered that I'm stronger than I thought I was.						
20. I learned a great deal about how wonderful people are.						
21. I better accept needing others.						

Appendix B: PTGI Arabic Version

علامات النمو لما بعد الصدمة

أرجو وضع الرقم المناسب الذي يحدد شدة التغيير الذي حدث لك بسبب الصدمات التي كنت قد مررت بها , وذلك حسب مقياس الشدة الآتي:- 0= لم واجهه اي تغيير كنتيجة لازمتي
 1= واجهت هذا التغيير الى درجة ضعيفة جدا كنتيجة لازمتي.
 2= واجهت هذا التغيير الى درجة ضعيفة كنتيجة لازمتي.
 3= واجهت هذا التغيير الى درجة متوسطة كنتيجة لازمتي.
 4= واجهت هذا التغيير الى درجة شديدة كنتيجة لازمتي.
 5= واجهت هذا التغيير الى درجة شديدة جدا كنتيجة لازمتي.

العبارة	0	1	2	3	4	5
1. غيرت اولوياتي حول ما هو مهم في الحياة						
2. ازداد تقديري لنفسى .						
3. كونت اهتمامات جديدة						
4. ازداد شعوري بالاعتماد على النفس.						
5. اصبح لدى فهم افضل للأمور الروحية.						
6. أصبحت أكثر قدرة على الاعتماد على الناس في وقت الشدة.						
7. شققت طرق جديدة لحياتي .						
8. أصبحت اشعر اني اكثر ارتباطا بالآخرين.						
9. أصبحت اشد استعدادا للتعبير عن انفعالاتي.						
10. زادت قدرتي في مواجهة الصعوبات.						
11. أصبحت أكثر قدرة على إنجاز أعمال جيدة في حياتي						
12. أصبحت أكثر قدرة على تقبل الواقع.						
13. ازداد تقديري لحياتي يوم بعد يوم.						
14. أصبحت هناك فرص جديدة متاحة , لم تكن متاحة من قبل.						
15. أصبحت أكثر إحساسا بالآخرين.						
16. ازدادت جهودي لتكوين علاقات مع الآخرين.						
17. أصبحت أكثر استعدادا لتغير الأوضاع التي تحتاج إلى تغيير.						
18. قوي إيماني الديني.						
19. اكتشفت أنني اشد قوة مما كنت اتصور.						
20. أهم درس تعلمته هو " أن الناس رائعين"						
21. ازداد تقبلي لمبدأ احتياجي للآخرين.						

Appendix C: Hope Narrative Writing Guide

مفهوم الأمل

Write about your thoughts and feeling just as you perceive them, without criticism or censorship. Don't be concerned about grammar, spellings or sentence structure. The bullet points provided are to guide you in your writing so it is up to you if you use them or not.

اكتب عن أفكارك وشعورك كما تراها، دون أية نقد أو رقابة. لا تقلق بشأن قواعد اللغة، الهجاء أو بنية الجملة. الخطوات المقدمة لك بالأسفل هي لإرشادك في الكتابة لذلك الأمر متروك لك إذا كنت تريد استخدامها أم لا.

Step 1: Introduce yourself

الخطوة الأولى: عرفني بنفسك

-Describe Yourself: You may want to mention your age, gender and ethnic group. You may also want to mention any characteristics you believe to be important

- أوصف نفسك : قد ترغب في ذكر عمرك وجنسك ومجموعتك العرقية. قد تحتاج أيضا إلى ذكر أي من صفاتك أو ميزاتك التي تعتقد أنها مهمة.

-Describe your major relationships: Are you married? Describe your children.

- أوصف علاقاتك الرئيسية: هل أنت متزوج؟ صف أطفالك.

Step 2: Describe one goal

٢ أوصف أحد هدف

-Think about a situation in which you have wanted to do or to get something.

- افكر في الوضع الذي كنت ترغب في القيام أو للحصول على شيء ما.

-Mention how long you have wanted this goal and if you have tried to achieve this before.

- أذكر كم من الوقت الذي أردت تخصيصه لهذا الهدف، وإذا كنت قد حاولت تحقيقه من قبل

-Write about how your life changed/or will change as a result of achievement of this goal.

- اكتب كيف تغيرت حياتك / أو ستتغير نتيجة لتحقيق هذا الهدف.

Step 3: Describe your ways

٣ أوصف الطرق الخاصة بك

Was there one major route you imagined? Or were there several? Did you try different ones? On what basis did you select/discard the different pathways?

- هل كان هناك مسار رئيسي واحد تتخيله؟ أم كانت هناك عدة؟ و هل جربت مسارات أخرى؟ على أي أساس قمت بتحديد / تجاهل المسارات الأخرى؟

Step 4: Thoughts and feelings

٤ الأفكار والمشاعر

- Did you feel confident about your ability of achieving this goal? Were you able to see yourself as able to move along these paths? Were your thoughts negative or positive? Enthusiastic or anxious?

هل شعرت بالثقة بشأن قدرتك على تحقيق هذا الهدف؟ هل تمكنت من رؤية نفسك قادر على التحرك في هذه المسارات؟ هل كانت أفكارك سلبية أم إيجابية؟ متحمس أو قلق؟

Step 5: Meeting obstacles

٥ العوائق التي تحول دون تحقيق الهدف

-Did you meet any obstacles? What did you do when you encountered these roadblocks? Did you try other ways of getting to your goal? Or did you modify your goal?

هل واجهت أي عقبات؟ ماذا فعلت عندما واجهت هذه الحواجز؟ هل حاولت طرقا أخرى للوصول إلى هدفك؟ أو هل قمت بتعديل هدفك؟

Step 6: Results of your effort

نتائج جهودكم

-Did you achieve your goal? How did you feel? What was it like to get there or not get there? Was it worth it?

هل حققت هدفك؟ ما هو شعورك اتجاه ذلك؟ هل كان يستحق ما مررت به لتحقيقه؟

-How do you think this experience will affect next time you try for a new goal?

كيف تعتقد أن هذه التجربة ستؤثر في المرة القادمة التي تحاول فيها تحقيق هدف جديد؟



Use this space to draw your goal, paths to that goal and barriers to the goal.

استخدام هذه المساحة لرسم هدفك، مسارات الوصول إلى الهدف و الحواجز التي تحول دون الهدف.

Appendix D: Ethical Considerations

Permissions

Permission was sought from the directors of the organisation, and they were asked to communicate the purpose of the study in the native language of the participants, i.e. Arabic. To avoid potential feelings of implied coercion, the researcher ensured that the participants understood that they were under absolutely no obligation from the staff member or the researcher to take part in this research. With reassurance that participants had understood and were willing to participate, they voluntarily signed the consent form.

BPS guidelines for ethical practices in psychological research were adhered to and the ethics application was approved by the Ethics Committee. These ethical principles informed and guided all research-related decisions.

Confidentiality

Participants were given a choice to complete the study either in the community hall or a separate room. They were also provided with folders that they used to keep their narratives private (should they wish to). Choosing to complete the study privately meant that there was no interference from the researcher, staff or other participants during the narrative writing task. To protect privacy, pseudonyms were assigned to each participant, with any identifying information was stored separately from raw data. All data were password protected.

Sensitivity

During data collection, the door to the private room (where the participants completed the study) was left ajar, and the researcher and staff were in the vicinity should the participant require help. Since the staff members of UNIS were former refugees and were proficient with participants' native language (Arabic), they were competent in handling situations, which could have caused distress to participants.

In the case of participant fatigue, a break along with the participants' right to opt out were stressed. If at any point, participants were distressed or anxious, they were provided with contact information of free counselling services available for Refugees and Asylum Seekers through the 'Asylum Health Bridging Team' listed under the NHS.